

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-022097
STATE FILE NUMBER

042 1000 689
Registration District No. Primary Registration District No. Registrar's No.

FILED JUN 18 1962

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF
C.A. Potter Jr., M.D.

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph | | c. CITY OR TOWN St. Joseph | |
| Length of stay in 1b 7 years | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) Missouri Methodist Hospital | | d. STREET ADDRESS (If outside, give location) 3106 Duncan Street | |
| 3. NAME OF DECEASED (Type or print) NATHAN STEINBERG | | 4. DATE OF DEATH Month June Day 12 Year 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 13, 1894 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Owner & Operator | | 11. BIRTHPLACE (City and state or country) Rubishov, Poland | |
| 10b. KIND OF BUSINESS OR INDUSTRY Shoe Store | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Hyman David Steinberg | | 13b. MOTHER'S MAIDEN NAME Sarah Seif | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address Mrs. Rachel Steinberg-St. Joseph, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cardiac dilatation | | INTERVAL BETWEEN ONSET AND DEATH Minutes | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute myocardial infarction (ant) | | 3 days | |
| DUE TO (c) Arteriosclerotic heart disease | | years | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Calcific aortic stenosis; Valvulitis; Old posterior myocardial infarction | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 8:40 AM Month, Day, Year 6/12/62 | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION St. Joseph, Missouri | |
| 21. I attended the deceased from 4/9/58 to 6/12/62 and last saw her alive on 6/2/62 Death occurred at 8:40 AM m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree title) C.A. Potter Jr., M.D. | |
| 22b. ADDRESS St. Joseph, Mo. | | 22c. DATE SIGNED 6/13/62 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 13, 1962 | 23c. NAME OF CEMETERY OR CREMATORY B'nai Sholem Cemetery | |
| 23d. LOCATION (City, town, or county) St. Joseph, Missouri | | 24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, Mo. | |
| 25. DATE RECD. BY LOCAL REG. June 15, 1962 | | 26. REGISTRAR'S SIGNATURE Wm. Clark Goodell | |

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Eric J. Cheney*

Licensed Embalmer No. 4679

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.